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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/413,272 10/06/1999 PAT 6,354,991
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** FOREIGN APPLICATIONS *****

ISRAEL 127481 12/09/1998

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY ISRAEL	SHEETS DRAWING 6	TOTAL CLAIMS 51	INDEPENDENT CLAIMS 10
Verified and Acknowledged Examiner's Signature		Initials			

ADDRESS

23628
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 02210-2211

TITLE

Incontinence treatment device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other
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